CHILDREN'S RESPONSE TO DISASTER

Considerations for the Health Care Provider

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DISASTER: AN EVENT THAT…

- Involves destruction of property
- Includes injury or loss of life
- Affects a large population
- Are out of the realm of normal human experience
- Traumatic enough to induce stress in anyone

DISASTER

NATURAL VS HUMAN-CAUSED

PHASES OF DISASTER

- Predisaster
- Warning
- Threat
- Immediately postdisaster
- Rescue phase
- Remediation
- Recovery period

EFFECTS OF DISASTER ON THE COMMUNITY

- Destruction of infrastructure
- Absence of electricity, sanitation, water
- Destruction of physical contact with the outside world
- Dissipation of community cohesion
- Vulnerability and exploitation
- Potential for recurrence

EFFECTS OF DISASTER ON THE FAMILY

- Death or physical injury to a family member
- Loss of home or possessions
- Relocation
- Job loss
- Parental disorganization or dysfunction
- Predisaster family vulnerabilities

EFFECTS OF DISASTER ON THE PHYSICIAN

- Personal losses and problems
- Treatment of personnel with decreasing supplies
- Suboptimal treatment facilities
- Damage/destruction of physician’s office
- Death of patients
- Fatigue

CHILDREN'S RESPONSE TO DISASTER

- Proximity to the impact zone
- Awareness of the disaster
- Physical injury sustained
- Amount of disability
- Witnessing of injury/death of a family member or friend
- Perceived or actual life threat

CHILDREN'S RESPONSE CONTINUED…..

- Duration of life disruption
- Familial or personal property loss
- Parental reactions and extent of family disruption
- Child's predisaster state
- Probability of recurrence

PRIMARY RESPONSES OF CHILDREN TO DISASTER

- Increased dependency on parents or guardians
- Nightmares
- Regression in developmental achievements
- Specific fears about reminders of the disaster
- Reenactments in post-traumatic play

SPECIFIC RESPONSES TO DISASTER

BY DEVELOPMENTAL STAGE

TODDLERS AND PRESCHOOLERS

- Reaction reflects that of parents
- Sleep disorders
- Vomiting, constipation, diarrhea
- Tics, stuttering, muteness
- Clinging, irritability, exaggerated startle
- Reenactment via play
- Post-traumatic stress disorder

SCHOOL-AGED CHILDREN

- Most marked reaction
- Fear, anxiety
- Increased hostility with siblings
- Somatic complaints
- Sleep disturbance
- School problems, social withdrawal
- Reenactment via play
- Post-traumatic stress disorder

PREADOLESCENTS

- Increased hostility with sibs
- Somatic complaints
- Eating and sleep disorders
- Decreased interest in peers, school, hobbies
- Rebellion, refusal to do chores
- Interpersonal difficulties
- Post-traumatic stress disorder

ADOLESCENTS

- Decreased interest in school, social activities, peers, hobbies
- Anhedonia
- Decline in responsible behaviors
- Rebellion, behavior problems
- Somatic complaints
- Sleep and eating disorders

ADOLESCENT'S RESPONSE CONTINUED……

- Change in physical activity
- Confusion
- Lack of concentration
- Risk-taking behaviors
- Post-traumatic stress disorder

DISASTER COMPREHENSION: DEVELOPMENTAL ASPECTS

- Infants: No comprehension
- Preschoolers: Reversible
- School-Age: Understand loss as a consequence of injury and illness
- Adolescents: Full understanding

IMPACT ON INFANTS

- Developmental focus is on object permanence and establishing trust
- Disaster destroys routine, loss of loved ones
- Results in regression, detachment
- There is no comprehension of disaster

IMPACT ON PRESCHOOLERS

- Developmentally into magical thinking, egocentric, no concept of time
- Disaster destroys the routine, loss of loved ones
- This leads to post-traumatic play, withdrawal, apathy
- Disaster viewed as reversible

IMPACT ON SCHOOL-AGE CHILDREN

- Capacity for logical thinking, conception of time, differentiation of self from others
- Disaster destroys routine, loss of loved ones
- This leads to school problems, anxiety, somatic complaints, anger, posttraumatic play
- Understand loss as a consequence of injury or illness

IMPACT ON ADOLESCENTS

- Establishing independence, abstract thinking, feelings of omnipotence
- Loss of lifestyle, loved ones
- This may lead to risk-taking, somatization, depression, anger, hostility to others
- Capacity for full understanding

SPECIFIC PROBLEMS

- Disruption of normal patterns, routines
- Somatic symptoms
- Aggressive/defiant behavior
- Repetitious behavior
- Regressive behavior
- Anxiety
- Depression
- Guilt

POSTTRAUMATIC STRESS DISORDER

- Reexperiencing of the event
- Routine avoidance of reminders
- General lack of responsiveness
- Increased sleep disturbances, irritability, poor concentration, startle reaction, and regression

DISRUPTION OF NORMAL PATTERNS OR ROUTINE

- Life disruption is a cardinal effect!
- Create and maintain a predictable schedule
- Establish a routine for sleep
- Nightlights, stuffed animals, reassurance
- Reinstitute discipline
- Assess need for medications

SOMATIC SYMPTOMS

- Headaches, abdominal pain, and chest pain common
- Reassurance by the primary care provider regarding general self-limited nature
- Persistence of symptoms
- Interference with function
- Mental health counseling referral

AGGRESSIVE/DEFIANT BEHAVIORS

- Hitting, biting, pinching in toddler/preschooler
- Fights with peers in the school-age child
- Setting limits on undesirable behavior
- Depression and anger may be displayed as misconduct in the adolescent
- Involve adolescent in the rebuilding or assisting others and peer discussion groups

REPETITIOUS BEHAVIOR

- Reenactment of the disaster in play
- Different ending to the disaster
- Child or family member portrayal as a hero
- Recurrent nightmares, flashbacks
- Child still very involved with the disaster
- Play can be therapeutic and aid recovery

ANXIETY

- Occurs in all age groups
- Do not minimize or dismiss expression
- Encourage verbal children to discuss fears
- Child may mirror parental/sib anxiety
- Family counseling

DEPRESSION

- Sense of sadness common
- Preexisting depression or psychopathology
- Suicidal thoughts, gestures
- Signs of depression (persistent sadness, decreased appetite, sleep disturbance, irritability)
- Mental health assessment

GUILT

- Guilt related to survival, having home or family intact
- Guilt with inability to help or being unprepared
- Magical thinking
- Comfort, support, focus on rebuilding

ASSESSMENT AND SUPPORT

- Listen to the child and parent, empathize
- Emphasize strengths and ability to cope
- Comment on bravery and courage
- Child’s drawing may express fears
- Observation of child’s play
- Screening techniques

SCREENING QUESTIONS

- Changes in sleep patterns
- Apathetic behavior, lack of motivation
- Any regressive behavior
- Changes in relating to family members, peer
- Changes in school grades
- Fears and worries
- Child Behavior Checklist, etc.

EARLY VERSUS LATE DISASTER EFFECTS

- First stage (during and immediately after): disbelief, denial, anxiety, relief, grief, altruism
- Second stage (few days, several weeks): clinging,appetite changes, regression, somatic, sleep complaints,apathy, anger, depression, hostile acts
- Third stage (months later): reconstruction

ROLE OF THE PRIMARY CARE PHYSICIAN

- Assess needs of child and family
- Provide emotional support and reassurance
- General recommendations to keep family together, supportive, open communication
- Encourage establishment of routine
- Encourage contact with friends, peers
- Referral for mental health services
- Community, school consultant

DISASTER!

- THE ROLE OF THE PEDIATRICIAN

BEFORE A DISASTER:

- Assess community's resources for disaster response
- Advise emergency services regarding pediatric equipment needs
- Review disaster preparedness with families, schools, groups
- Participate in disaster drills as the children's advocate

DURING A DISASTER:

- Source of information for families, patients
- Counsel for acute psychosocial issues
- Treat the injured
- Design and assist with local public service announcements
- Assist with community hotline addressing concerns of parents

AFTER A DISASTER:

- Educate parents about range of normal expected reactions from their children
- Recognize prolonged reactions to trauma and provide mental health referral
- Help evaluate children at school or child care and educate staff about reactions
- Address community and religious groups on psychological aftermath of disaster

Psychosocial Issues for Children and Families in Disasters

Call 1-800-789-2647

to order

(for the Primary Care Provider)

AAP POLICY STATEMENT:

How Pediatricians Can Respond to the Psychosocial Implications of Disaster

Pediatrics vol. 3 no.2 Feb 1999

“War and Children”

Archives of Diseases of Children

Plunkett and Southall

Vol 78. 72-77. 1998

DISASTER PREPAREDNESS: EVERYBODY'S BUSINESS!

- Community disaster plan
- Physician presentations in the community, school, colleagues, trainees
- Educate on locations of shelters, first aid, children's symptoms in disaster
- School
- Media
- Community agencies and religious groups